

**KENTUCKY BOARD OF LICENSURE AND CERTIFICATION  
FOR DIETITIANS AND NUTRITIONISTS**

**P.O. Box 1360  
Frankfort, KY 40602**

**RENEWAL APPLICATION**

SSN:

License/Certificate #:

Your license as a dietitian and/or certificate as a nutritionist **expires on October 31, 2004**. In accordance with KRS Chapter 31 and regulations governing this profession, you are required to renew your credential(s) every year with the transmittal of this form and the appropriate renewal fee as noted below, in check or money order **(DO NOT SEND CASH)** made payable to the **Kentucky State Treasurer**. Please return completed form with fee to the address above prior to the deadline date of October 31, 2004. Renewal may be completed on-line at <http://occupations.ky.gov> using a credit card. The late fee for renewals received during the 60 day grace period (postmarked after October 31, 2004) is \$25.00 per credential. (The credential holder may continue to work during this grace period). **After December 31, 2004 the license/certification is terminated and the Reinstatement Form must then be completed.**

**Please check all that apply:**

**Renewal Fee**

	<b><u>By October 31</u></b>	<b><u>After October 31</u></b>
Dietitian: _____	\$50.00 _____	\$75.00 _____
Nutritionist: _____	\$50.00 _____	\$75.00 _____
Dual: _____	\$100.00 _____	\$150.00 _____

**THE FOLLOWING INFORMATION MUST BE COMPLETED:**

1. Note changes in **mailing address** if different from above:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

2. Present Business Address:

\_\_\_\_\_

\_\_\_\_\_

3. Home Phone: (    ) \_\_\_\_\_ Business Phone: (    ) \_\_\_\_\_

4. E-Mail Address: \_\_\_\_\_

(over)

5. Have you been convicted of a felony since your last application or renewal? ( ) Yes ( ) No.  
If yes, list offense and provide details on a separate sheet of paper.
6. Have you been denied licensure and/or certification in another state, or has your credential in any other state been subject to disciplinary action? ( ) Yes ( ) No. If yes, give details on separate sheet of paper.
7. Pursuant to KAR 201 33:030 Section 1, licensed dietitians and certified nutritionists are required to obtain fifteen (15) hours of board approved continuing education during the period of November 1, 2003 to October 31, 2004 for renewal of licensure or certification. In addition, up to fifteen (15) excess hours of continuing education can be carried over from the previous year.

### **FOR AUDITED RENEWALS ONLY:**

- ? Dietitians may submit a copy of the CDR reporting card showing hours received during 2003-2004 with the renewal application.
- ? Dietitians using the CDR Portfolio Program, must submit a copy of the Learning Plan, copies of the certificates received for attendance at programs, and/or other verification of courses taken for the fifteen (15) hours of required continuing education between November 1, 2003 and October 31, 2004. **REMINDER:** The subject matter of the continuing education submitted for renewal of a Kentucky license must meet the requirements of 201 KAR 33.030 section 2(2). A copy of this regulation is available at <http://occupations.ky.gov>.
- ? Certified Nutritionists must submit documentation of board approved continuing education hours.
- ✍ First year license/certification. No continuing education required. Date of initial license: \_\_\_\_\_

**I DO HEREBY SWEAR OR AFFIRM THAT I, THE UNDERSIGNED CREDENTIAL HOLDER, HAVE RECEIVED THE REQUIRED FIFTEEN (15) HOURS OF CONTINUING EDUCATION AS SET FORTH BY 201 KAR 33:030 DURING THE PREVIOUS TWELVE (12) MONTH PERIOD.**

Signature: *(Required)* \_\_\_\_\_  
(Sign your name - Do not print or type)

Date: \_\_\_\_\_

### **AFFIDAVIT**

I do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my licensure or certification could be subject to disciplinary action by the Kentucky Board of Licensure and Certification for Dietitians and Nutritionist.

Signature: *(Required)* \_\_\_\_\_  
(Sign your name - Do not print or type)

Date: \_\_\_\_\_